

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 57-1000 ✓ C FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12		3				
13	(1)					
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49						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	1							
52	1							
53	1							
54	1							
55	14							
56	14							
57	14							
58	14							
59	14							
60	1							
61	10							
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63	14							
64	11							
65	11							
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ITEM NO.	1	2	3	4
TOTAL DEP.	11	1	1	1
TOTAL CLAIMS	76			

ITEM NO.	1	2	3	4
TOTAL DEP.	—	—	—	—
TOTAL CLAIMS	357	1	1	1